

Fill in this information to identify your case:

Debtor 1 **Kenneth Yao Amoah**
First Name Middle Name Last Name

Debtor 2 **Tiffany N Amoah**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number **12-56439**
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

Receptionist

Employer's name

JPMorgan Chase Bank Health Management Systems, Inc.

Employer's address

1111 Polaris Parkway 5615 Highpoint Drive
Number Street

Columbus, OH 43110-0000 Irving, TX 75038-0000
City State ZIP Code

How long employed there? **2 years**

5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. \$	4,014.92	3,679.63

3. Estimate and list monthly overtime pay.

3. + \$	0.00	0.00
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4. Calculate gross income. Add line 2 + line 3.

4. \$	4,014.92	3,679.63
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Debtor 1

Kenneth Yao Amoah

First Name

Middle Name

Last Name

Case number (if known) **12-56439**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 4,014.92	\$ 3,679.63
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 789.92	\$ 547.19
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 55.96	\$ 322.86
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: See Schedule Attached	5h. + \$ 624.64	+ \$ 99.82
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 1,433.56	\$ 898.52
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,581.36	\$ 2,781.11
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,581.36	\$ 2,781.11
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 5,362.47	
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: None.		Combined monthly income

IN RE Amoah, Kenneth Yao & Amoah, Tiffany NCase No. 12-56439

Debtor(s)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
401(K)	85.00	0.00
Dental	10.70	48.88
HSA	20.00	0.00
Vision	6.26	13.24
Child Support	502.68	0.00
Ad&D	0.00	2.99
Dependant Life	0.00	6.24
Optional Life	0.00	10.51
Std	0.00	17.96

Fill in this information to identify your case:

Debtor 1 Kenneth Yao Amoah
First Name Middle Name Last Name

Debtor 2 Tiffany N Amoah
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number 12-56439
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....		
<u>Son</u>	<u>15</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Daughter</u>	<u>10</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Son</u>	<u>5</u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes	4a. \$ <u>0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. \$ <u>0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. \$ <u>200.00</u>
4d. Homeowner's association or condominium dues	4d. \$ <u>0.00</u>

Debtor 1

Kenneth Yao Amoah

First Name

Middle Name

Last Name

Case number (if known) **12-56439**

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ <u>0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ <u>150.00</u>
6b.	Water, sewer, garbage collection	\$ <u>95.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <u>97.47</u>
6d.	Other. Specify: <u>Natural Gas</u>	\$ <u>250.00</u>
7.	Food and housekeeping supplies	\$ <u>1,050.00</u>
8.	Childcare and children's education costs	\$ <u>0.00</u>
9.	Clothing, laundry, and dry cleaning	\$ <u>200.00</u>
10.	Personal care products and services	\$ <u>150.00</u>
11.	Medical and dental expenses	\$ <u>200.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>450.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ <u>95.00</u>
14.	Charitable contributions and religious donations	\$ <u>0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ <u>0.00</u>
15b.	Health insurance	\$ <u>0.00</u>
15c.	Vehicle insurance	\$ <u>125.00</u>
15d.	Other insurance. Specify: _____	\$ <u>0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ <u>0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ <u>0.00</u>
17b.	Car payments for Vehicle 2	\$ <u>0.00</u>
17c.	Other. Specify: _____	\$ <u>0.00</u>
17d.	Other. Specify: _____	\$ <u>0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	\$ <u>0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	\$ <u>0.00</u>
20b.	Real estate taxes	\$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	\$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	\$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	\$ <u>0.00</u>

Debtor 1

Kenneth Yao Amoah

First Name

Middle Name

Last Name

Case number (if known) **12-56439**

21. **Other.** Specify: **See Schedule Attached**

21. **+\$ 450.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 3,512.47**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 5,362.47**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 3,512.47**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ 1,850.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Debtors have significant uncovered medical expenses

IN RE Amoah, Kenneth Yao & Amoah, Tiffany N

Case No. 12-56439

Debtor(s)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

Other Expenses (DEBTOR)

Extra Expenses For Children

75.00

Child Care For The 5-Year Old Child

375.00

IN RE Amoah, Kenneth Yao & Amoah, Tiffany N

Case No. 12-56439

Debtor(s)

(If known)

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 42 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: February 24, 2015 Signature: /s/ Ken Yao Amoah
Ken Yao Amoah

Debtor

Date: February 24, 2015 Signature: /s/ Tiffany N Amoah
Tiffany N Amoah

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.